

Certification of Cash Match
2000-2001 Contract Period

Project Title:

Project Director

INSTRUCTIONS

1. The purpose of this form is to identify the amount of cash to be contributed as a matching contribution and to assure that the match conforms to definition and standards established under this program.
2. Type the title of the project in the space provided.
3. In the space provided, please list the name and address of the contributing organization and show the total amount of the cash contribution. This form must be signed and dated by the authorized official of each contributing organization.

These funds must be identified in state or local agency budgets or appropriations and must be in addition to funds that would otherwise be made available for juvenile justice programming. Identification requires an earmarking in some documents(s) associated with the appropriation or budget process.

Contributing Organization(s)

Amount

Name

Title

Address

Signature: _____

Name

Title

Address

Signature: _____

Name

Title

Address

Signature: _____

TOTAL CASH MATCH

\$

This certifies that the funds identified above are in accordance with the guidelines set forth by the Missouri Department of Public Safety.

Applicant Organization Authorized Official _____ Date: _____